



2003

Maine Revenue Services
P.O. Box 1061
Augusta, ME 04332-1061
**EMPLOYER PAYMENT VOUCHER
FOR MAINE INCOME TAX WITHHELD**

030652000

FORM 900ME

Withholding Account Number: _____

1. Amount Remitted _____

Business Name: _____

2. Quarter Begin Date _____

Quarter End Date _____

3. Date Wages Paid Amount Withheld

Contact Person _____

Telephone _____

MAKE CHECK PAYABLE TO TREASURER, STATE OF MAINE



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